



EMERGENCY VEHICLE INVOLVEMENT

Wisconsin Department of Transportation
MV3347 10/2021

Wisconsin Department of Transportation
Division of State Patrol – Crash Records Unit
4822 Madison Yards Way – 9th Floor South
Madison, WI 53705-9100

Telephone: 608-266-8753
Email: DSPTrafficCrashes@dot.wi.gov

CRASH

Crash Date (m/d/yy)	Crash Location	County	City
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EMERGENCY DRIVER

Full Name of Driver of Emergency Vehicle	Street Address		
Driver License Number	City	State	ZIP Code

VEHICLE NUMBER 2

Full Name of Driver	Street Address		
Driver License Number	City	State	ZIP Code

VEHICLE NUMBER 3

Full Name of Driver	Street Address		
Driver License Number	City	State	ZIP Code

I request that this occurrence not be listed on the above driver’s record because:

- The driver of the emergency vehicle intentionally collided with the other vehicle.
- The driver of the other vehicle intentionally collided with the emergency vehicle.

Describe occurrence below or attach explanation:

X _____
(Department Head or Designee – Electronically Signed)

(Department Name) (Date - m/d/yy)